

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/554714

FILING DATE

07 DEC 2006

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4		1		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10		1		/		
11		1		/		
12		1		/		
13		1		/		
14		1		/		
15		1		/		
16		1		/		
17		1		/		
18		1		/		
19		1		/		
20		1		/		
21		1		/		
22		1		/		
23		1		/		
24		1		/		
25		1		/		
26		1		/		
27		1		/		
28		1		/		
29		1		/		
30		1		/		
31		1		/		
32	/	1	/	/		
33		1		/		
34		2		/		
35		1		/		
36		1		/		
37		1		/		
38		1		/		
39		1		/		
40		1		/		
41		1		/		
42		1		/		
43		1		/		
44		1		/		
45		1		/		
46		1		/		
47		1		/		
48		1		/		
49		1		/		
50		1		/		
TOTAL IND.	2		2			
TOTAL DEP.	66		35			
TOTAL CLAIMS	68		37			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		/		
52		1		/		
53		1		/		
54		1		/		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Best Available Copy